

Appendix 49b ■ Utilization Review Tool - Vendor

| MSSP Vendor Record Review and Compilation of Findings | | | | | | | | | | | | | | | Reviewer Name: | | | | | |
|---|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|-----|----------------|-----|--|---|-----------------|--|
| Site Number and Name | | 0 | | | | | | | | | | | | | | | | | | |
| Beginning Date of Review | | | | | | | | | | | | | | | | | | | | |
| Service Provider Name | | | | | | | | | | | | | | | | | Area of UR Findings | | Reviewer Totals | |
| Vendor Number | | V1 | V2 | V3 | V4 | V5 | V6 | V7 | V8 | V9 | V10 | V11 | V12 | V13 | V14 | V15 | | | | |
| | | Enter "Y" for Yes or "N" for No. Only "N" is counted. | | | | | | | | | | | | | | | | | | |
| 1 | Were all insurance requirements met? | | | | | | | | | | | | | | | | | | | |
| 1a | General Liability | | | | | | | | | | | | | | | | 1a | 0 | | |
| 1b | Auto Liability | | | | | | | | | | | | | | | | 1b | 0 | | |
| 1c | Professional Liability | | | | | | | | | | | | | | | | 1c | 0 | | |
| 1d | Workers Compensation | | | | | | | | | | | | | | | | 1d | 0 | | |
| 1e | Other | | | | | | | | | | | | | | | | 1e | 0 | | |
| 2 | Is the site listed as the certificate holder? | | | | | | | | | | | | | | | | 2 | 0 | | |
| 3 | Does the vendor have a current business license? | | | | | | | | | | | | | | | | 3 | 0 | | |
| 4 | Does the vendor meet *state licensing requirements, if applicable? | | | | | | | | | | | | | | | | 4 | 0 | | |
| *BOE=Board of Equalization; CDSS=California Department of Social Services; CSLB=Contractors State License Board; DCA=Department of Consumer Affairs; DIR=Department of Industrial Relations; DPH=Department of Public Health. | | | | | | | | | | | | | | | | | | | | |
| | | ↓ Type comments; include vendor #. | | | | | | | | | | | | | | | Total Findings for All Records Reviewed. | | 0 | |
| 1 | Comments - 1 Insurance Requirements | Type comments explaining findings here. Include vendor number. | | | | | | | | | | | | | | | | | | |
| 2 | Comments - 2 Certificate Holder | | | | | | | | | | | | | | | | | | | |
| 3 | Comments - 3 Business License | | | | | | | | | | | | | | | | | | | |
| 4 | Comments - 4 State Licensure | | | | | | | | | | | | | | | | | | | |
| 5 | Comments - General | | | | | | | | | | | | | | | | | | | |